



Meeting notes: joint Healthcare SIG and EMSSIG meeting

**Held on: 16th April 2014
At: Royal Marsden Hospital, London**

Item	Notes	Action Points
1.	Welcome and introductions	
	<p>Jug Johal (JJ) and Manny Rasores de Toro (MR) chaired the joint meeting and welcomed all attendees.</p> <p>Apologies were received from Ian Whitmore (Parkare Limited / HUB Parking Technology).</p> <p>Jug advised the group that he had asked HefmA (the professional body for healthcare estates and facilities management) to place BPA healthcare SIG meetings on their conference agenda.</p>	
2.	Feedback and sign-off of Healthcare Parking and Travel Planning survey	
	<p>JJ asked attendees to take the survey copies away and email any necessary changes to him within a week, which he would then feed back to Alison Tooze.</p> <p>MR felt that the survey was an excellent innovation and that, perhaps in time, enquirers making NHS freedom of information requests could be directed to a centralised survey database.</p>	
3.	Use of technology in the healthcare sector	
What are the current issues for hospitals?	<p>MR began by noting that builders tend to ask trusts what they want, but trusts do not have the expertise to answer those questions. Equipment is often procured by builders and trusts and not used after 12 months. Builders also lack the necessary expertise, to ensure the equipment is fit for purpose, user friendly and can last for seven or more years. Moreover, many trusts have contracted out their parking services, and management companies try to reduce costs, because they know that trusts want to keep costs down. This can lead to poor quality car parks and equipment, and a realisation after 12 months that new equipment will need to be purchased.</p> <p>MR also noted that it was important to build flexibility into procurement tenders, thereby allowing for future car park growth. Bolt-on car-parks might need to be added, even if the requirement was not originally envisaged.</p> <p>An attendee noted that, in an ideal world, hospital car parks would upgrade from pay and display to pay on foot / pay on departure, but car parks are often not large enough to make this financially viable. The size of a car park could also reduce the viability of pay on departure systems in situations where there is no space for barriers at entry and exit points.</p>	

<p>What are the requirements from technology and equipment?</p>	<p>The observation was also made that, ideally, car-parks should be designed from scratch, as retro-fitting does not always work. The original design should take into account the possible need for sharing a car-park between staff, patients and visitors. MR noted that it often makes practical sense to separate public and staff car-parks.</p> <p>Kelvin Reynolds (KR) observed that there is a need to create intelligent clients and intelligent suppliers, and that placing a pay and display car park outside an A&E department makes no sense, as no A&E patient can ever predict how long they might be.</p> <p>One issue for new-build car parks is the question of gaining planning permission if listed buildings are nearby.</p> <p>MR noted that procurement tender documents need to describe, in detail, how it is envisaged that a car park will actually be managed. If this information is not provided at the tender stage, the resulting service may well prove to be inadequate. It was noted that, on the BPA website, members have access to Parking Practice Notes (including a Pay on Foot Guidance Note, a note on Guidelines for Phone Parking and a note on both Pay on Foot and Pay and Display), which provide advice on issues that procurers should bear in mind.</p> <p>An attendee noted that tender documents often leave key points out of the specification, and it is only after the contract is won that the trust or their contractors face increased charges for missing items and additional services.</p> <p>The issue of free parking for patients with appointments was raised, and it was noted that this can be problematic, as demonstrated by the experience of free hospital parking in Scotland and Wales. Parking needs to pay for itself, and dwindling NHS budgets cannot be expected to cover the costs. Free parking also makes hospital car-parks less accessible, as waiting times for spaces increase. Moreover, permit systems can be difficult to administer at hospitals with multiple walk-in reception areas.</p> <p>Some attendees felt that disabled parking could be made free, although this would require constant supervision to ensure it was not abused and would need to be made clear in trust policies on parking; others noted that it might be fairer to offer disabled parking at a tariff, as a disability is not an automatic indicator of financial hardship.</p> <p>The issue of grace periods was raised. One attendee said they operated a 40 minute grace period, as patients do not need additional pressures, but another attendee said this had been reduced to 10 minutes at their trust, as the 40 minute period actually disrupted appointments.</p> <p>A number of trust representatives were asked to provide details on their car-park payment methods. One attendee said that their trust uses pay and display for patients and visitors as well as staff permits, which are deducted from salaries. Their car parks feature some shared parking, and pay and display machines were described as 'old'. £10.50 is the maximum charge for a day, and the machines are cash only. The trust's patient-experience committee wants greater choice for payment, including card.</p> <p>Another attendee said that their trust's larger car parks offer a choice of payment methods, including pay and display with both cash and card, but their smaller car parks only offer cash payment. Their aim is to ensure that most car parks are</p>	
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<p>How could better use of parking technology and equipment improve the staff, patient and visitor experience?</p>	<p>eventually under barrier control; but, for car parks that feature only 20-30 spaces, this is not cost-effective. The maximum charge for a day is £16.40, and car park income pays for car park maintenance.</p> <p>Another attendee said that their trust features a mixture of pay and display and pay on foot. Integrating equipment is difficult and some of it needs replacing. New equipment has to be procured through a car park and security contract.</p> <p>KR asked attendees for their thoughts on the transition to the new £1 coin. Attendees suggested that, although the shape of the new coin is very different, it would hopefully just involve a routine upgrade and coin machines would simply need to be re-calibrated. KR observed that digital technology of some kind will likely be included in the new coin, and that the implications of this are not yet known. Attendees also noted that the new coins would not initially be used by all customers for change purposes, and so a transition period will be necessary, with an initial visit to install new coin technology followed by a second visit 6 months later to remove the old technology. MR pointed out that this issue highlights the need to ensure that hospital car park tenders include upgradable equipment in the specification.</p> <p>MR noted that parking operators in Scandinavian countries had introduced a pay and display system that uses credit cards at both the beginning and end of a stay, ensuring that the exact parking duration is known and no PCN is ever issued. MR also noted that hospitals should be wary of using banknote-readers for higher charges, and that a debit / credit-card facility would be more reliable for this purpose.</p> <p>An attendee observed that hospital parking systems need to provide flexibility for concessions, and that it is now possible to include a QR code on appointment letters, which can be scanned at the car park entrance/exit. There was some concern that, while this would be feasible for large car-parks, it might not be financially or physically practical for smaller car parks with fewer spaces and narrow entrances/exits. However, it was suggested that peel-off stickers featuring the QR code could be included on appointment letters, and that these could then be placed on car windscreens.</p> <p>It was observed that multi-storey car parks could be used to release land on hospital sites for other uses, especially where there are currently several ground-level outdoor car parks in operation.</p> <p>Attendees felt that surveying customer views on hospital car parks was very important. This might require survey activity in the hospital reception areas or a policy of leaving paper surveys on windscreens. Hospitals should not rely on online surveys, as many elderly patients will not have access.</p> <p>It was suggested that appointment letters or accompanying literature should perhaps state the cost of parking. Some trusts direct readers to online information on costs, but this may exclude elderly people. Including any parking information on letters can be challenging when letters are sent from different sources, such as A&E and out-patients. This is a problem, as a lack of prior communication about parking costs contributes to missed appointments. One attendee suggested that appointment letters might include a 'traffic-light' infographic, showing the busiest times for parking as red and less busy times as other colours.</p> <p>The suggestion was made that car park accessibility could be improved by discouraging on-site parking through the promotion of park-and-ride schemes and</p>	
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	<p>an increase in charges.</p> <p>MR suggested that phone parking could be used to extend parking time at hospitals. It was noted that, while this is a good idea, it may be a problem in a hospital environment, because signs in many hospitals still advise patients to turn off their mobile phones, even though some attendees mentioned that this is no longer considered necessary from a safety perspective.</p> <p>It was observed that validators for concessions could be placed at various receptions (while this could be misused by staff, it is up to the hospitals to monitor behaviour). A voucher system for staff works well, although this is slowly being superseded by barcode scanners, as these provide good flexibility for different user groups. Barcodes can be included on appointment letters, and these can be printed out at home.</p>	
4.	<p>Technology focus</p>	
	<p>MR delivered a presentation on technology in parking over the next ten years. The following points were made.</p> <p>Challenges and demands will continue to increase for hospital parking. To cope, hospitals will need to put in the right controls for visitors and staff. Controls include pay on departure (pay on foot), pay on arrival (pay and display) and pay on account.</p> <p>Parking provision needs to be better integrated with local transport and traffic management policies.</p> <p>Customers will expect car parks to be conveniently placed, well lit and clean, and they will also expect multiple payment methods (cards, phone, cash, on-account).</p> <p>Staff should be given the parking spaces furthest away from hospital sites.</p> <p>Pressure to provide some free or discounted parking for certain users will continue to rise.</p> <p>Over the next 10 years, we will see more pay on foot (pay on departure) than pay and display for hospital car parks.</p> <p>ANPR and TAGs (which are linked to debit cards and feature on windscreens, triggering barrier rises) will become more widely available for fast hands-free entry and exit. This will enable pay-as-you-go. Subscriber accounts will become more common.</p> <p>A 'pay-by-plate' ANPR system (with or without barriers) will be increasingly used, making pay and display increasingly obsolete. Following a hospital visit, drivers would go to the pay kiosk, enter the number plate number and pay on exit. No attendant is necessary. This will mean that there are no time limits, but tariffs will increase as the hours accumulate. Without barriers, some enforcement will be necessary through an ATA. Other attendees voiced a concern that this ANPR system may not work well for hospital car parks that are used as a local rat-run by non-NHS users, and it may create complications for delivery vehicles. However, takings may increase, as more actual parkers choose to stay longer, accepting the higher tariffs.</p>	

	<p>Tap and Go / Wave and Pay contactless payment systems will become the norm in pay on foot car parks and for pay and display machines. Nearly 40 million contactless cards have been issued in the UK and banks will roll this out to all customers over the next three years.</p> <p>Payment by phone is expected to become second-only to cash as a payment method over the next ten years for smaller transactions. KR mentioned PayM peer-to-peer payment by mobile phone.</p> <p>Online validation and remote printing of parking reservations and discount vouchers will also become more normal, and 'cloud parking' / 'managed monitoring' will be used extensively, eliminating much of the need to invest in hardware and software.</p>	
5.	BPA parking qualifications	
	<p>Sharon Simpson (SS), Project Manager at WAMITAB, delivered a presentation on the BPA's professional parking qualifications.</p> <p>SS explained that WAMITAB has extensive experience of qualifications in facilities management, waste management and recycling, cleaning and street cleansing. WAMITAB was selected as the BPA's awarding partner partly because waste collection is heavily regulated, and so WAMITAB has an understanding of how qualifications are used in regulated areas, such as local authority parking, as well as unregulated or self-regulated industries. WAMITAB is keen to instil professionalism in both regulated and unregulated parking, and they have a small, accessible and flexible team. Over 25 years, WAMITAB has designed qualifications for sectors that share many of the challenges faced by the parking profession. They have developed qualifications for operational staff who require detailed technical knowledge. They have also developed qualifications for staff engaged in shift-work and for employees who are subject to regional variations in legislation. WAMITAB is keen to promote parity of standards across the UK, while allowing for local legislation. As a charity, WAMITAB is also, like the BPA, a not-for-profit organisation. They work very closely with employers to ensure skills and knowledge are reflected in their qualifications, and they keep up-to-date with legislative developments.</p> <p>SS spoke about the BPA's two professional parking qualifications, providing an outline of the units and key areas covered in each:</p> <ul style="list-style-type: none"> • the WAMITAB Level Two Award for Parking Enforcement Officers (QCF) (Ofqual qualification number: 601/1781/3); and • the WAMITAB Level Three Award in Notice Processing (QCF) (Ofqual qualification number: 601/1941/X). <p>Both qualifications offer considerable choice through optional units that cover legislation for regulated and unregulated parking as well as legislative variations for the four UK nations. They also feature considerable flexibility for the purpose of assessment, with centres able to tailor assessment plans to the needs of individual candidates. There is no time-limit: individual candidates can take as long as they need to complete a qualification. The qualifications are also fully accredited by Ofqual. SS provided fee details for centres and candidates, and listed the three centres that currently offer the qualifications: NSL Services,</p>	

	Parking Associates and Pass Training Consultancy.	
6.	New BPA governance structure	
	<p>KR described the BPA's governance transition, which members have endorsed. The old BPA Council is being replaced by a much more representative Council of Representatives (CoR). It contains representatives from electoral colleges and regional or country groups, and the sizes of electoral colleges are roughly proportionate to the number of members within each sector of the parking profession. The CoR is based on a parliamentary model, with the CoR itself equivalent to the Westminster parliament and the new BPA Board (which will be drawn from CoR members) acting as the equivalent of the government. Chairs of the three 'service' boards (the Operational Services Board, Public Affairs Board and Professional Development and Standards Board) will automatically become members of the BPA Board, and BPA Board members are the new elected directors of the association. The CoR will then hold the Board to account.</p> <p>The next BPA Council meeting in June will be a hybrid meeting of the old Council and the new CoR, and then the meeting in December will be the first proper meeting of the CoR. The new governance structure will create a more dynamic association that represents a broader range of perspectives more proportionately.</p>	
7.	Parkex 2014 and Parkex/Traffex 2015	
	<p>KR explained that Parkex, which has traditionally revolved around a seminar framework, is evolving into something more conversational through the new Parkex Hub at the centre of the exhibition. The conversation will continue all day, with different topics and speakers. Kelvin then ran through an outline of the Hub programme for the two days for Parkex 2014.</p> <p>KR provided initial details on Parkex 2015 in Birmingham and Parkex 2016 in Coventry.</p> <p>Attendees indicated that they would like to see a good deal for stall pricing in Coventry, as favourable deals for booking the location seemed to be on the cards, and it was felt this should trickle down to the members.</p>	
8.	AOB	
	<p>An attendee raised an objection to the fact that the British Parking Awards, which are not owned or run by the BPA, offer cycling awards, and suggested that awards should be specific to parking. KR and MR said they would be happy to feed this comment back to Landor Links and <i>Parking Review</i>, who own and run the awards, and they could invite Mark Moran of <i>Parking Review</i> to an EMSSIG meeting to discuss.</p> <p>KR mentioned that the Department for Business, Innovation & Skills is holding a consultation on 'Alternative Dispute Resolution for Consumers' and proposals for</p>	ACTION

	<p>integrating the requirements of the European Directive on Alternative Dispute Resolution (ADR) and the Regulation on Online Dispute Resolution (ODR) into UK law. The BPA and its members are 'ahead of the game' and leading the way with POPLA, which is an ADR facility. The BPA will be reviewing the arrangements for POPLA to ensure it complies with these new rules when they become law.</p>	
	<p>Meeting close 3:15pm</p>	